## NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) Please read the instruction before completing. Attach additional sheets if necessary.

PERSONAL INFORMATION:							
NAME:		LENGTH OF RESIDENCE IN NEVADA:					
ADDRESS:							
CITY, STATE, ZIP:		LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE:					
TELEPHONE:		E-MAIL:					
SECTION A (Public Office): List all public offices for which this and check each box accordingly i.e. annual, candidate or app					ed		
Title of Public Office and Name of Government	Elected, appointed or appointed to elected	(E, A, AE)	Annual Compensation	Date elected or appointed	ANNUAL NRS 281A.600.1 & 281A 610.1	<b>CANDIDATE</b> NRS 281A.610.1(a).	APPOINTMENT NRS 281A,600.1
					Check the	e appropriate	boxes below
		\$					
		\$					
		\$					
<b>SECTION B</b> (Sources of Income): List each source of your income any member of your household who is 18 years of age or older	come (in ad er. NRS281 <i>)</i>	ditio A.62	on to any sour 20.1(b).	ce listed in S	Section A	Self M	ousehold Member appropriate
						boxes	below
SECTION C (Real Property): List specific location and particu which you or a member of your household has a legal or benemore; and (3) located in this state or an adjacent state. NRS 2  Specific Location	eficial intere	st; (:			f which is		

Name of Public Officer:		
	to whom you or a member of your household on your personal residence; and (2) debt on a	motor vehicle for personal use
10tan.0a by conor. 111 to 2017 (1020.11(a)).		Household Self Member
		Check the appropriate
		boxes
value of \$200 from a donor during the prec you within the third degree of consanguinity anniversary, holiday or other ceremonial of administrative, or political action]. NRS 281		ed from a person who is related to or a birthday, wedding, al interest in your legislative,
Gift	Donor	Value of Gift
		\$
		\$
		\$
		\$
including a proprietorship, partnership, firm you or a member of your household is invo	pusiness entity (i.e., organization or enterprise, business, trust joint venture, syndicate, corpolived as a trustee, beneficiary of a trust, directouss of stock or security representing 1% or mores 281A.620.1(f).	oration or association) with which or, officer, owner in whole or in part,
		Househol
		Self Member Check the appropriate
		boxes
THE INFORMATION I HAVE PROVIDED HI	FREIN IS ACCURATE AND COMPLETE	
THE IN ORIMINATION THAT I NOTICE IN	ENERGY TO ACCOUNT LETE.	
Datas	O'm at was	
Date:	Signature:	
	Print Name:	
WHERE TO FILE:		W. 1. 1000000000000000000000000000000000
APPOINTED PUBLIC OFFICERS	ELECTED PUBLIC OFFICERS OR O	CANDIDATES
SUBMIT TO:	SUBMIT TO:	
Nevada Commission on Ethics	Nevada Secretary of State, Elections	Division

Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax

704 W. Nye Lane, Suite 204

Carson City, Nevada 89703 775.687.5469 • 775.687.1279 fax